



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS
School Age Care (SAC) Program - CCDF

BUDGET AMENDMENT

District Name		Site Name (one form for <u>each</u> site)	
County/District Code Number ____ - ____	County Name	Phone Number ()	
Contact Person		Title/Position	
Street Address		Fax Number (Required for confirmation approval) ()	
City	State	Zip Code	

DESCRIPTION OF SERVICES

1. Complete form only if requesting to transfer approved funds from one category to another or if there's an excessive change within a particular category.
2. Figures must be listed for each category. If a category is not being amended, please list the original awarded amount for that category.
3. Upon approval, these amounts become the new budget. Confirmation of approval will be faxed.
4. Figures must be rounded to the nearest dollar. All figures and calculations must be correct.
5. Itemize and justify the proposed budget amendment on page two of this form.
6. Forms not completed according to directions will be returned for correction and not approved.

Expenditure Categories	Awarded/Approved Amount (As listed on approved budget page)	New Amount Total (Grand total of category reflecting amended amount)
Salaries	\$	\$
Benefits	\$	\$
Travel and Transportation	\$	\$
Materials and Supplies	\$	\$
Purchased Services	\$	\$
Professional Development	\$	\$
Equipment	\$	\$
Accreditation Fees	\$	\$
TOTAL SAC GRANT DOLLARS (Be sure to complete page two of form)	\$	\$

Signature on this form indicates that the school district has agreed to the budget amendment as requested and is in compliance with all guidelines in expending the grant award and that all expenditures are related to the SAC Program.

Signature of Contact Person	Date	Authorized Signature	Date
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FOR DEPARTMENT USE ONLY - APPROVAL

PLEASE COMPLETE AND RETURN TO:

Afterschool Program Supervisor/SAC
Community Education
Department of Elementary and Secondary Ed.
P.O. Box 480
Jefferson City, Missouri 65102-0480
Phone: (573) 526-3961 Fax: (573) 526-4261

If additional table space is needed, please copy this form as many times as needed.

1. List **each** approved budget item that you no longer wish to purchase/consume.

Expenditure Category (as listed on page 1)	Item(s) proposing to remove from approved budget	Cost of Item(s)
		\$
		\$
		\$
		\$
		\$
		\$

2. For **each** item above, justify why you no longer wish to purchase/consume each item.

Item (same as above)	Justification for not purchasing/consuming item(s)

3. List the **new** item(s) you are requesting to purchase/consume upon approval of this budget amendment.

Expenditure Category	Item(s) requesting approval to purchase/consume	Cost of Item
		\$
		\$
		\$
		\$
		\$
		\$